



Unannounced Hospital Inspection Report Causeway Hospital

20-23 November 2017

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Assurance, Challenge and Improvement in Health and Social Care

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Membership of the Inspection Team

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Abbreviations

ED	Emergency Department
ENP	Enhanced nurse practitioner
FY	Foundation Year
GMC	General Medical Council
HSC	Health and Social Care
MAU	Medical Assessment Unit
MDT	Multidisciplinary Team
MUST	Malnutrition Universal Screening Tool
NEWS	National Early Warning Scores
PMI	Protected Mealtime Initiative
QIP	Quality Improvement Plan
RQIA	Regulation and Quality Improvement Authority
SSKIN	Surface, skin, keep moving, increased moisture and nutrition and hydration, incontinence

1.0 What We Look for

We assess if services are delivering, safe effective and compassionate care and if they are well led.



2.0 How We Inspect

Regulation and Quality Improvement Authority (RQIA) inspects quality of care under four domains:

- Is the Area Well- Led? Under this domain we look for evidence that the ward is managed and organised in such a way that patients and staff feel safe, secure and supported;
- Is Care Safe? Under this domain we look for evidence that patients are protected from harm associated with the treatment, care and support that is intended to help them;
- Is Care Effective? Under this domain we look for evidence that the ward or unit or service is providing the right care, by the right person, at the right time, in the right place for the best outcome; and
- Is Care Compassionate? Under this domain we look for evidence that patients, family members and carers are treated with dignity and respect and are fully involved in decisions affecting their treatment, care and support.

Under each of these domains and depending on the findings of our inspection, we may recommend a number of actions for improvement that will form the basis of a Quality Improvement Plan (known as a QIP). Through their QIP the hospital and Trust will put in place measures to enhance the quality of care delivered to patients and to effectively deal with issues we have identified during inspection.

The standards we use to assess the quality of care during our inspections can be found on our website¹. We assess these standards through examining a set of core indicators, which are also available on our website².

¹ <https://www.rqia.org.uk/guidance/legislation-and-standards/standards/>

² <https://www.rqia.org.uk/guidance/guidance-for-service-providers/hospitals/>

Together these core indicators make up our inspection framework, and this framework enables us to reach a rounded conclusion about the ward or unit or service we are inspecting.

During inspections, the views of and feedback received from patients and service users is central to helping our inspection team build a picture of the care experienced in the areas inspected. We use questionnaires to facilitate patients and relatives to share their views and experiences with us. Our inspection team also observes communication between staff and patients, staff and relatives/family members, and staff and visitors. These observations are carried out by members of our inspection team using the Quality of Interaction Schedule observation tool. This tool allows for the systematic recording of interactions to measure the quality of interactions.

We also facilitate meetings and focus groups with staff at all levels and all disciplines in the areas or services we inspect. We use this information to inform the overall outcome of the inspection and the report produced after the visit.

3.0 Hospital Overview

The Causeway Hospital is part of the Northern Health and Social Care Trust which provides a comprehensive range of Health and Social Care (HSC) services to a population of almost 436,000 people. The Trust delivers services from over 150 facilities, including two major general hospital sites, a mental health hospital and local community hospitals and services.

Causeway Hospital, opened in 2001, it is a 240 bed acute hospital. The hospital provides a range of services to the Causeway Coast and Glens District of Antrim, including 24 hour Emergency Care and surgical, medical and maternity services.

Responsible person: Dr Tony Stevens	Position: Chief Executive Officer
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4.0 Inspection Summary

In our approach to Phase II of the Acute Hospital Inspection Programme we inspect wards and departments in HSC acute hospitals to include the Emergency Department (ED) and other wards (medical or surgical) in the hospital. RQIA carried out an unannounced inspection of the Causeway Hospital over a period of four days from Monday 20 November to Thursday 23 November 2017. The following areas were inspected:

- The Acute Elderly Care, Stroke and Rehabilitation Ward;
- Medical Ward One;
- Medical Ward Two; and
- The Emergency Department.

Acute Elderly Care, Stroke and Rehabilitation Ward

The Acute Elderly Care, Stroke and Rehabilitation Ward has 36 beds for patients who require ongoing treatment and rehabilitation following a stroke as well as those in the older age group. The ward is separated into two sections to promote continuity of nursing care:

- Rehab One – has two six-bedded bays and seven side rooms; and
- Rehab Two – has two six-bedded bays and five side rooms.

Medical Ward One

Medical Ward One is a 22-bedded ward caring for patients with a range of medical conditions including general medicine; respiratory; cardiology; gastro-intestinal; endocrine; and elderly care needs. The ward is made up of four en-suite single rooms; one six-bedded bay; and three four-bedded bays.

During our visit one additional “escalation bed” was in use on the ward - bringing the patient number to 23.

Medical Ward Two

Medical Ward Two is a 27-bedded general medical ward incorporating a 10-bedded Medical Assessment Unit (MAU). The ward has seven side rooms, two six-bedded bays and two four-bedded bays.

Emergency Department

The ED provides treatment for patients (adults and children) who require immediate care, either as a result of an accident or illness in a medical or surgical emergency. The department is staffed by medical and nursing staff with specific training in emergency care 24-hours a day, 365 days a year. Patients can access these services either directly, by General Practitioner referral or, if necessary, by ambulance.

The ED includes a reception and waiting area, triage room for prioritising patients, examination areas for major and minor conditions and a resuscitation area for immediate care. There is also an ambulatory care area for patients who require further investigation and treatment but may not need to be admitted to hospital.

4.1 Inspection Outcome

Following our inspection, we provided detailed feedback on our findings to the managers and staff on the wards we visited.

This feedback, delivered by the lead inspectors allocated to each ward, highlighted the areas of good and best practice we had observed as well as areas for improvement.

Our Director of Improvement/Medical Director provided high-level feedback on the inspection findings as a whole to the hospital and Trust senior and executive team. This session was attended by the Trust and RQIA Chief Executives and minutes were recorded. The minutes were shared with the Trust in December 2017.

In February 2017 we had undertaken a fact finding visit to Causeway Hospital following information shared with us by the Northern Ireland Medical and Dental Training Agency. During that visit we had identified some issues that we felt had the potential to impact adversely on patient safety and we looked again at these areas as part of this inspection to see if there had been any improvement. The report of our February 2017 visit can be found on the RQIA website³.

As part of inspection policy, we have procedures in place to escalate any issues we find that are of such serious concern they require immediate attention.

During feedback to the Trust senior and executive team following the November 2017 inspection, we identified and escalated our concerns regarding potential safety implications relating to the structural disconnects in care delivered on the wards inspected. We identified that Medical Ward Two was approaching a critical point in respect of staffing levels, the mix and number of complex patients, and issues caused by lack of structured ward rounds and communication challenges between staff groups on the ward.

³ https://www.rqia.org.uk/RQIA/media/CareServices/020171_Causeway_09022017.pdf

We identified five key areas for the Trust to take forward:

- Ward Model of Care;
- Multidisciplinary Team Working;
- Risk Management and Skill Mix;
- Junior Medical Staff; and
- Antimicrobial Stewardship.

In order to assist and encourage the Trust to progress these areas and to promote a quality improvement approach, we will, over the coming months, meet on a regular basis with the Trust to assure implementation of recommendations outlined in this report.

This report sets out an overview of our findings under the four quality domains. It is not intended to repeat the detailed feedback given to ward staff and the hospital and Trust senior management team at the conclusion of our inspection.

5.0 Is the Area Well Led?

Areas of Good Practice

In all areas we visited, we found that senior nursing staff were visible and approachable. Inspectors noted that all Ward Sisters in the hospital attend the daily 8.30am site meeting to discuss patient flow and in most areas we observed that the morning and evening handovers were managed well and were overseen effectively by the nurse in charge.

Information was available for staff on a range of safety and quality issues in various formats including email, intranet, paper files and communication at staff meetings.

Staff reported that they felt supported in raising any concerns to their management team and they were able to describe how to use the Trust systems to do so. Inspectors found good examples of recent learning from complaints, serious adverse incidents and medicine incidents during the inspection.

We noted the “retain” project had been implemented in the Acute Elderly Care, Stroke and Rehabilitation Ward and the patient “self-select” pathway in the ED as good examples of quality improvement initiatives. The “retain” project aims to support improvement in recruitment and retention of nursing staff in wards providing care for elderly people. Under the self-select system, which was implemented by nursing staff, patients with minor injuries could choose to bypass ED triage and receive a fast tracked assessment and treatment from an enhanced nurse practitioner (ENP).

Inspectors were told by staff of all disciplines that the hospital is a learning organisation and we found that there was a strong vision and set of values underpinning this.

They reported a paucity of learning opportunities with junior staff medical not regularly included in ward rounds and/or morbidity and mortality meetings. None were aware of any quality improvement projects ongoing in the hospital or how to participate should they have an idea for such a project. They also reported challenges in participating on post-take rounds and therefore received none/little feedback regarding their care of patient's admitted overnight.

Northern Health and Social Care Trust									
KPI report									
MAU									
	August			September			October		
	Number	Estimate	%	Number	Estimate	%	Number	Estimate	%
Falls (A)	Number Audited	0	0	0	22	0	0	0	0
	Number Incomplete	0	0	2	1	0	0	0	0
	Number With Full Compliance	0	0	2	21	0	0	0	0
	% With Full Compliance								
Falls (B)	Number Audited	1	4	4	16	6	21		
	Number Incomplete	0	0	3	3	2	2		
	Number With Full Compliance	1	4	11	13	14	17		
	% With Full Compliance			27.5%	81.25%	86.25%			
NHS (B) (C)	Number Audited	0	0	8	48	7	42		
	Number Incomplete	0	0	0	0	0	0		
	Number With Full Compliance	0	0	2	0	0	0		
	% With Full Compliance			25.0%	86.36%				
NHS (B) (D)	Number Audited	0	0	4	6	7	14		
	Number Incomplete	0	0	0	0	0	0		
	Number With Full Compliance	0	0	4	6	7	14		
	% With Full Compliance								
NHS (D) (E)	Number Audited	0	0	8	56	7	56		
	Number Incomplete	0	0	2	2	0	0		
	Number With Full Compliance	0	0	6	54	7	56		
	% With Full Compliance								
NHS	Number Audited	1	6	4	32	4	32		
	Number Incomplete	0	0	4	4	0	0		
	Number With Full Compliance	1	6	0	28	4	32		
	% With Full Compliance			0.0%	87.5%				
Total Number of Falls and Pressure Ulcers for the last 3 Months									
	August			September			October		
	Number of Falls	Number of Pressure Ulcers		Number of Falls	Number of Pressure Ulcers		Number of Falls	Number of Pressure Ulcers	
(A)	0	0		0	0		0	0	

There was evidence of audit and assurance work ongoing in the wards visited and the ED, although only some of the results of this work were shared with patients and relatives.

All areas were supported by link nurses or champions for issues such as continence and stoma care; dementia; infection prevention and control; and tissue viability. However, inspectors did note a lack of access to dedicated pharmacy, occupational therapy, physiotherapy and social work services for the wards visited and the ED.

Inspectors noted that, in the Acute Elderly Care, Stroke and Rehabilitation Ward, a number of healthcare assistants (Band 3 staff) had been trained and were skilled to carry out venepuncture.

Trust board members were clear about their roles and responsibilities as Non-Executive Directors, describing how they challenged the Trust Executive Team to ensure that they (NEDs) had appropriate information to fulfil their oversight role.

Board members also reported improved engagement between Trust managers and external stakeholders, as well as increased transparency and openness from the Trust Senior Management Team when discussing performance and governance.

Generally staff reported that senior leaders were visible in the hospital but this view was held more strongly at senior medical level. Some staff felt that there was a lack of communication from the senior team – particularly with support services staff.

Inspectors were told by staff at all disciplines and levels that they were proud to work in Causeway Hospital. Staff morale appeared variable. Some staff groups identified challenges in staff shortage and communication between different staff groups at ward level as influencing factors affecting morale.

Patients were generally positive about the culture in the hospital and felt they were well-cared for by dedicated staff.

Areas for Improvement

There were three key areas for improvement noted in this quality domain – nurse staffing; the complexity of patients in in-patient wards; and a disconnect between staff groups (in particular between medical and nursing staff and between medical staff). In Medical Ward Two, inspectors considered the combination of these issues was impacting on the safety and quality of care delivered on the ward.

We identified and escalated our concerns regarding potential safety implications relating to the structural disconnects in care delivered on the wards inspected. We identified that Medical Ward Two was approaching a critical point in respect of staffing levels, the mix and number of complex patients, and issues caused by lack of structured ward rounds and communication challenges between staff groups on the ward.

We identified five key areas for the Trust to take forward: Ward Model of Care; Multidisciplinary Team Working; Risk Management and Skill Mix; Junior Medical Staff; and Antimicrobial Stewardship.

The areas we visited in the hospital – in common with other care settings in Northern Ireland – are operating with varying levels of nursing staff deficits. These deficits are due to a combination of unfilled vacancies, maternity and sickness absence. At the time of our inspection each area was relying on bank and agency staff to ensure appropriate staffing levels. Staff reported and we observed that this has a subsequent impact on permanent staff who are likely to have increased responsibilities for supervision and guidance of temporary and/or agency staff. We were told that morale has been affected when staff are under pressure due to staff shortages. There were no Band three staff working in Medical Wards One or Two at the time of this inspection to support nursing staff with, for example, clinical observations.

The ED was unable to maintain the required 1:1 nurse to patient ratio in the resuscitation area and we were told that sometimes one nurse may be responsible for the care of three patients in this clinical area. Given that these patients will, by definition, be seriously ill, this level of staffing is insufficient and needs to be addressed.

The phlebotomy service requires attention. Junior doctors reported that they spent considerable time taking blood samples in some wards because the phlebotomy service was inconsistent. Our inspection team noted that the Trust was aware of this matter and has undertaken an audit of phlebotomy services as a first step in addressing the relevant issues.

In all areas, Ward Sisters were unable to fully meet the managerial demand of their roles due to demands for their participation in direct care delivery on wards which they managed.

Part-time clerical support was available in all wards, however inspectors felt that the amount of clerical support was not sufficient to meet the needs of each area and should be increased throughout the areas visited during this inspection.

Rates of completion of nursing supervision and appraisals were generally low and staff throughout the hospital told us that whilst training outside of mandatory requirements was available, it could be difficult to attend due to the additional pressure this would place on staff numbers.

Despite staff being able to articulate the issues arising from staffing shortages, inspectors found no evidence that these issues had been identified and documented as operating risks on Medical Ward One.

The lack of dedicated input from services such as pharmacy, social work, physiotherapy and occupational therapy was noted to have significant impact on/in wards inspected, including delaying patient discharge and leading to ineffective use of nursing staff time (for example in securing and dispensing medication) particularly at weekends.

The wards visited were noted to deliver care for patients with a wide range of conditions, many of whom had complex needs. Inspectors were not satisfied that in all cases appropriate assessments were undertaken to ensure that patients' needs would be best met in the ward where they were admitted. Each medical ward had a high number of Consultant Physicians delivering care to its patients, inspectors found that ward rounds were generally unstructured with nursing staff unable to attend due to the high number of rounds each day and the unplanned nature of their completion (rounds frequently occurring concurrently).

Communication between medical and nursing staff during ward rounds requires improvement. Inspectors noted that, in some wards, medical staff would update records without discussing changes to patient care with the nursing staff.

Ward Sisters had mitigated the risks associated with this practice by ensuring that nursing staff read all medical notes following each ward round in order to update nursing care plans. This is clearly not an effective use of nursing expertise and time.

Medical Ward Two incorporated a MAU at the time of this inspection, but inspectors found no evidence that the MAU was operating as expected – that is using an appropriate model to support rapid assessment, treatment and transfer of patients. Some patients on this ward had displayed aggressive behaviour, with a resulting need to call the Police Service of Northern Ireland to the ward. Inspectors found no evidence of risk assessment or resource planning to anticipate and manage foreseeable risks (associated with challenging behaviour) and not all staff on Medical Ward Two had received appropriate training to deal with violence and aggression.

In Medical Ward Two inspectors were particularly concerned about the gaps in communication observed between individual consultants; between consultants and nursing staff; and between junior doctors and nursing staff. Inspectors felt that these disconnects were directly impacting on the quality of care delivered on the ward.

This finding was discussed at our February 2017 visit to the hospital and our inspection team was disappointed to see lack of progress and the same issues evidenced during this inspection.

Throughout this inspection, we were told of the difficulties related to the local hospital arrangements for weekly rotation of Foundation Year (FY) doctors between medical wards. Junior medical staff reported that they found it difficult to build and sustain effective working relationships with ward staff as they were in a ward for such a limited time. Inspectors determined that this frequent movement of FY doctors between wards adds to the sense of disconnection within and between staff groups.

Inspectors noted that whilst multidisciplinary (MDT) team working was noted to be effective in the ED, it was far less effective in medical wards visited during this inspection.

In the main medical staff were not participating in these meetings, however it was noted that in general the hospital's care delivery systems lack robust arrangements to support and evidence effective MDT working, for example not all relevant staff attended the routine in-patient MDT meetings.

Actions for Improvement

RQIA recommends the following to improve the leadership in the hospital:

- 1. Trust Management Team with site responsibility for Causeway should address the factors influencing care delivery at ward level with particular emphasis on Medical Ward Two including: structured ward rounds; staff communication and team working; staff levels and skill mix in the context of patient complexity.**

- 2. Key areas for improvement identified during the inspection should be progressed by the Trust Management Team with site responsibility for Causeway, with an appropriate system in place to assure and govern the safe delivery of care.**
- 3. Trust Management Team with site responsibility for Causeway should work with ward and ED sisters and the Trust's recruitment team to optimise recruitment of permanent staff into nursing posts across the hospital.**
- 4. Ward Sisters should have protected time to undertake the managerial duties of their posts, clerical support should be provided as necessary to facilitate and support this.**
- 5. Trust Management Team with site responsibility for Causeway should work collaboratively with medical and nursing staff to implement a model of care which improves planning and co-ordination of ward rounds. Ward rounds should, in the main, not run concurrently on individual wards.**
- 6. Trust Management Team with site responsibility for Causeway should review the model for delivering care to ensure multidisciplinary working and cohesive care delivery at ward level.**
- 7. All staff delivering care should undertake and complete appropriate appraisal, supervision and mandatory training in a timely manner. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to facilitate and assure appraisal, supervision and training.**

- 8. Trust Management Team with site responsibility for Causeway should review the current weekly rotation of FY doctors, with a view to reducing frequency of moves between clinical areas and to facilitating more effective and cohesive working relationships between junior doctors and other staff groups.**
- 9. Trust Management Team with site responsibility for Causeway should provide dedicated input from pharmacy and/or pharmacy technicians to support medicines management on the Acute Elderly Care, Stroke and Rehabilitation Ward.**
- 10. Trust Management Team with site responsibility for Causeway should ensure provision and timely access to allied health professional services to support the delivery of care at ward level.**
- 11. Trust Management Team with site responsibility for Causeway should review and improve the provision of phlebotomy services across the hospital.**
- 12. All Medical Ward sisters should ensure issues arising from staff shortages are identified, escalated and documented as operational risks on the ward risk register. Trust Management Team with site responsibility for Causeway should ensure there is a system in place to assure risks associated with staff shortage are escalated and actioned.**
- 13. Ward staff should complete a risk assessment and implement identified measures to manage foreseeable risks for those patients with challenging behaviour. Ward and Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure staff and patient safety.**
- 14. Staff providing care should receive appropriate training and have appropriate skills to safely manage and care for patients with**

challenging behaviour. Ward and Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure training and safe management of challenging situations.

6.0 Is Care Safe?

Areas of Good Practice



Picture 2: Clean equipment

In each area inspected, we found that the patient environment and equipment was generally clean and maintained to a high standard with appropriate cleaning schedules in place for both nursing and domestic staff. When we asked, staff were able to demonstrate how and when the key principles of the Aseptic Non Touch Technique should be used. Inspectors found evidence of good practice with regard to patients in Medical Ward Two who had been identified at risk of infection and had been isolated to minimise the potential risk of transmission.

Medical Ward Two had a designated dementia companion to promote the care of patients with dementia and this ward was also found to have good signage to help orientate these patients within their environment.

In some areas inspectors found evidence of systems in place to audit and evidence compliance with safety initiatives including National Early Warning Scores (NEWS); the Malnutrition Universal Screening Tool (MUST); the skin bundle and the falls bundle.

Results of ward audit/assurance work indicated that In Medical Ward One in the month prior to our inspection, 100% compliance had been achieved in each of these audits.

Inspectors noted that there were also good safety initiatives in the ED – including the labelling of invasive lines to avoid wrong route administration of medicines and the implementation of a sepsis six pathway to ensure the timely initiation of treatment.

Inspectors also found good practice in relation to aspects of medicines management. In the wards visited patients' medication records were generally well-completed in respect of patient details, allergy status and oxygen use. Additional charts (for example for recording the use of insulin) were also well-completed. Medical Ward Two had an appropriate area for the preparation of medicines which was well-placed to avoid interruptions. Inspectors also found evidence of robust arrangements in place on this ward and in the ED for the handling of Controlled Drugs.

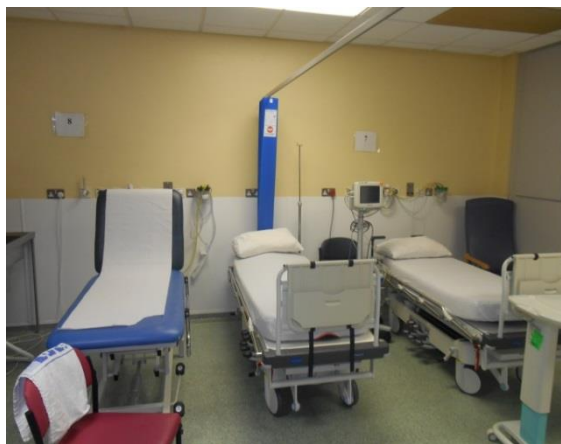
Patients we spoke with reported that they felt involved in decisions about their medication.

Areas for Improvement

Inspectors found that there were three main areas for improvement in this domain – the layout and design of the ED (in particular, but also some other wards inspected); medicines management and dedicated pharmacy service (with a specific focus on antimicrobial stewardship); and use of escalation beds in medical wards (specifically in Medical Ward One and Two).

Inspectors felt that patients, particularly those who are older and/or who have cognitive impairment, would benefit from simple additions to all areas such as large clocks and calendars as well as pictorial signage.

In most areas inspected, we found that NEWS charts were not fully/appropriately completed for example gaps were identified in the recording of some observations and some observations were not carried out in line with identified frequency i.e. hourly, pain was not always documented within the NEWS assessment. NEWS is a system to identify and respond to deterioration in adult. In the samples of charts reviewed, inspectors found gaps in recording of some NEWS observations and some observations were not carried in line with the NEWS score action for example hourly frequency.



Picture 3: Clinical bed space in ED

The functional and practical requirements of a modern ED are not supported by the design and layout of the department in the hospital.

The core clinical space for bed and trolley areas is limited making it difficult for staff to carry out effective patient assessments and/or care interventions whilst maintaining privacy and dignity of patients. Inspectors felt that there was an increased risk of infection due to the close proximity of patients to one another. Additionally, the lack of a direct line of sight to some cubicles, given the current layout/environment, may pose a risk to patient safety.

Although approximately 25-30% of patients attending the ED are children, the design, décor and facilities offered little acknowledgement of the different needs of children and parents from adult patients. A parent told us of their concerns that there was no separate and secure waiting area for children and families.

Many of the fixtures and fittings in the ED were worn and in need of replacement and whilst the department was clean, a lack of adequate storage meant that it was cluttered in places. There were also gaps in the equipment checks of the adult resuscitation trolleys. Equipment cleaning schedules were not always signed as complete.

Inspectors noted that ED managers and staff had made attempts to optimise space by reconfiguring the services in the department, such as the redefinition of rooms to facilitate the emergency nurse practitioner (ENP) work-stream. However, it our inspection team's view was that the design of the ENP area does not support privacy for patients receiving care from ENPs.

Inspectors had some concerns about the environment of the Acute Elderly Care, Stroke and Rehabilitation Ward. Given the current configuration, the ward has one main corridor with exit/entry doors at one end of this corridor. This means that the area around the nurses' station can become very congested with staff and equipment. This is exacerbated at meal times as this area is also where food trolleys are located. During our inspection we observed that trolleys for used linen and dressings were stored along the corridor and at the nurses' station alongside trolleys holding clean linen and personal care products. This presents a risk of cross-infection.

Throughout this inspection there was continued use of one escalation bed on Medical Ward One. This bed space had no medical gas or patients call bell, and a portable curtain was in use to offer some patient privacy. The ward policy is that a risk assessment should be undertaken by a senior staff nurse, patient flow and medical staff to ensure a patient's suitability for care in this bed prior to their placement in it. However, on discussion and following a review of records, inspectors were unable to find evidence that such an assessment had been completed prior to placing the patient in this bed. In Medical Ward Two we also noted the use of an escalation bed and queried if the appropriateness of this decision given staff shortages and the number of complex patients already admitted to the ward.

Systems supporting and delivering antimicrobial stewardship were a concern in all of the clinical areas wards inspected. There was a high volume of antibiotic prescribed in each ward but inspectors found it difficult to find evidence of appropriate stewardship activities. There was a lack of clear documentation in respect of microbiology tests and results, and of switches in antibiotic regimes; in some cases multiple antibiotic switches were noted with no documentation to evidence the rationale for these switches. Inspectors did not find evidence that IV antibiotics were always reviewed for the possibility of switching to an oral preparation 48/72 hours after commencement. Significant nursing time was taken up with preparation and administration of IV medicines to patients on medical wards. Best practice for administration of IV medicines indicates that two nurses should be present, but inspectors observed that this was not always the case in the wards visited.

Inspectors were told of difficulties in accessing advice from the Trust's microbiology service due to the Trust's policy of limiting engagement between its microbiology service and specific grades of staff. This caused particular difficulties for junior medical staff in the hospital, who prescribe the majority of antibiotics, as there frequently may not be a more senior staff member available/on duty to liaise with the microbiology service (per strict adherence to the Trust's advised policy).

The Acute Elderly Care, Stroke and Rehabilitation Ward had no dedicated pharmacist or pharmacy technician service and inspectors identified challenges with the reconciliation, safe storage and effective management and dispensing of medicines on the ward. The absence of a dedicated pharmacy service has impacted significantly on the nursing staff. The dedicated pharmacy room, which was added to the ward six years prior to our inspection, had not been used due to the lack of a dedicated pharmacist or pharmacy technician service.

In Medical Ward One and the Acute Elderly Care, Stroke and Rehabilitation Ward, inspectors found drawers of unboxed clexane injections in which mixed dosages/strengths were stored together. This posed the potential risk of incorrect selection and administration of the drug to patients.

In Medical Ward Two and the Acute Elderly Care, Stroke and Rehabilitation Ward, inspectors found no evidence of a robust system to ensure that all staff were aware of when time-critical medicines were prescribed and required administration.

Finally, inspectors were of the view that the disconnects between staff groups, as described previously, had the potential to adversely impact on patient safety particularly if they remained unaddressed by hospital managers.

Actions for Improvement

RQIA recommends the following to improve the delivery of safe care within the hospital:

- 15. All nursing staff should ensure NEWS charts are fully completed and any identified actions carried out. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure full completion of NEWS charts and the implementation of required actions to evidence appropriate delivery of care.**
- 16. Ward staff should document the decision for patient placement in an escalation bed. This should include the rationale and risk assessment carried out by senior medical and nursing staff on a patient's suitability for placement in this bed. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure and govern the use of escalation beds.**

- 17. Medical staff prescribing antibiotic therapy should ensure accurate documentation of microbiology tests and results and switches in antibiotic regimes, with rationale, to support prescribing. Intravenous antibiotics should be reviewed for the possible switch to oral preparation 48/72 hours after commencement. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure effective antimicrobial stewardship.**
- 18. The Trust's microbiology team should review the Trust's policy on the provision of microbiology advice to specific grades of medical staff only. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure timely access to microbiology advice for staff prescribing antibiotics.**
- 19. Ward staff should ensure that medicines are stored in line with best practice guidance. All staff dispensing medication should be aware of the protocol for administration of time-critical medicines. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure adherence to best practice.**
- 20. Trust Management Team with site responsibility for Causeway should ensure that there is an appropriate pharmacy service and system in place to assure medicine reconciliation and dispensing on the Acute Elderly Care, Stroke and Rehabilitation Ward.**

- 21. ED and Acute Elderly Care, Stroke and Rehabilitation Ward staff should ensure that patient equipment is stored to prevent the risk of contamination. In ED equipment cleaning schedules should be fully completed. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure correct storage and completion of cleaning schedules to prevent equipment contamination.**
- 22. The ED nursing staff should ensure equipment on the resuscitation trolley is checked daily to ensure all necessary equipment is present and in date. The ED and Trust Management Team with site responsibility for Causeway should ensure there is a system in place to assure the checking and provision of equipment for patients prior to an emergency situation.**
- 23. The ED nursing and medical staff should work with the Trust Management Team with site responsibility for Causeway to develop a plan to expand and improve the layout and design of the ED as a priority.**

7.0 Is Care Effective?

Areas of Good Practice

In all areas inspected we observed staff responding in a timely and compassionate manner when patients experienced pain, discomfort or emotional distress. Pressure relieving equipment was available for patients assessed as at risk of developing pressure damage to their skin.

Patients we spoke with reported mostly that their pain was managed well, although one person had experienced a delay with pain relief during a busy period on Medical Ward One.

In the Acute Elderly Care, Stroke and Rehabilitation Ward, Medical Ward One, Two and the ED inspectors noted that venous thromboembolism risk assessments were completed in all the cases they reviewed.

Medical records in the wards inspected were generally well-organised and well-maintained. The ED however had some specific issues in this regard outlined within the areas for improvement section of this report.

In the ED and Medical Ward Two, staff were observed providing appropriate assistance to patients for continence promotion and incontinence care. Access to specialist continence devices and services was also available to ward staff if/as required for patients.

Good practice was noted in aspects of the meals service in each of the wards/clinical areas inspected. Patients were provided with a choice of meals that appeared appetising and hot.

A dementia companion had recently been assigned to the Acute Elderly Care, Stroke and Rehabilitation Ward and inspectors saw the champion effectively engaging and assisting a patient with their meal. Inspectors were told of plans to recruit a volunteer mealtime champion to further assist at mealtimes and we commend this initiative.

Areas for Improvement

Inspectors found three key areas for improvement in this domain – the meals service; nursing and medical documentation; and the assessment of the effectiveness of pain relief.

In the in-patient wards, inspectors observed that the meals service appeared to be catering-led rather than nursing-led. Patients were generally not prepared for meals, to ensure they were placed in an appropriate position with tables cleared and within reach. Food and drinks were often placed out of patients' reach and some patients who required assistance were observed not to receive it. There was little encouragement for patients to eat and drink.

On each ward, we were told that Protected Mealtime Initiative (PMI) was in place. A PMI is designed to encourage wards to stop all non-urgent clinical activity during meals so that patients can eat without interruption and nursing staff are available to offer assistance to those who need it. On each ward however, inspectors observed staff not adhering to the PMI and saw patients interrupted during meals for observations, clinical interventions, ward rounds, cleaning tasks and personal care.

Whilst aspects of the meal service on the Acute Elderly Care, Stroke and Rehabilitation Ward were observed to be good, there were a number of issues requiring improvement. There was no effective mechanism in place to identify patients who required assistance with meals. One relative told us that although there were plenty of fluids available, there was little encouragement to their relative to drink.

On Medical Ward One inspectors observed the meals service at times to appear chaotic. The timing of the service on this ward did not allow for all nursing staff to participate as, for example, breakfast was served at 7.30am when the nursing staff were receiving handover reports. Of those nursing staff who did assist patients, inspectors observed some standing rather than sitting by the bedside when providing assistance.

The Trust's new automated meal ordering system had not been updated to include specialised diets at the time of our inspection. This meant that nursing staff were guided by catering staff in this regard and inspectors observed catering staff making choices on behalf of patients on specialised diets.

Catering staff were observed to encourage patients with meals and were seen to remove trays after meals. Whilst this is efficient in terms of clearing the area, there is a risk that lack of involvement of nursing staff in this process could result in inaccurate completion of food intake records for individual patients. Inspectors found that these records were not always completed effectively and therefore could not be reliably used as part of a nutritional assessment for a patient. This risk was not considered by staff when auditing the MUST.

On Medical Ward Two there was a lack of leadership from, and engagement by, nursing staff during the meals service. Inspectors found that the type of meal and therapeutic diet provided for patients was not always reflective of the patients' actual diet. When this was pointed out to staff they ensured patients received the correct meal and updated this on the bedside chart.

In the ED support staff appeared to oversee/supervise the meals service. Inspectors observed that those patients who were fasting or required specialised diets were not always correctly identified within the department.

Across all areas inspected we found that documentation in respect of nutritional support (for example, food, fluid balance and stool charts) was not always completed to the required standard and in line with best practice guidance.

Inconsistencies in the quality of nursing and medical documentation were identified in all areas inspected. Whilst some aspects of medical records were found to be good, other aspects were noted to require improvement. In the sample of medical notes reviewed in the Acute Elderly Care, Stroke and Rehabilitation Ward, inspectors found that medical entries were either not made at all or were not made in the correct format. Omissions included the doctor's General Medical Council (GMC) number, date and time of entries. Deletions were rarely countersigned and dated and were often made in an incorrect format. Obtaining blood samples for blood culture was not always documented appropriately with the date, time, site and clinical indication not clearly or consistently recorded.

In the ED, medical documentation frequently did not meet GMC standards in terms of author identification, presence of GMC number and overall legibility. Absences in documentation were noted in relation to follow-up of clinical treatment or test results by ED medical staff, for example effectiveness of pain relief, response to fluids and lactate levels. Although inspectors saw appropriate investigation and treatment of sepsis in the department during our inspection, the documentation of a sepsis diagnosis (actual or differential) and of implementation of the sepsis six bundle was limited.

Nursing records across in-patient wards require improvement. Inspectors reviewed three nursing care records in the Acute Elderly Care, Stroke and Rehabilitation Ward and found that nursing assessments were not always fully completed. In order to support effective and continuous delivery of care, it is best practice to link care plans to patient risk assessments and inspectors could find no evidence of this in the records reviewed. The Trust uses a system called SSKIN (surface, skin, keep moving, increased moisture and nutrition and hydration, incontinence) to evaluate aspects of care including skincare, movement, nutrition, hydration and continence and these assessments were not always completed accurately or consistently.

In Medical Ward One each of the records reviewed included areas in which nursing assessments were not comprehensively completed to a standard advised by Nursing and Midwifery Council guidance. We found examples where a patient's weight was not recorded on a pressure ulcer risk assessment and where the SSKIN documentation had not been completed at all.

Other charts such as those for NEWS, stools, fluid balance and food intake were not always comprehensively completed or were not completed in line with best practice guidance – for example on fluid balance sheets the acronym “PU” for passing urine was documented rather than a record of the measured volume of urine voided.

A review of NEWS charts indicated that pain assessments were not always documented at regular intervals and there was no evidence that a recognised pain assessment tool was in use.

Four nursing care records were reviewed in Medical Ward Two and inspectors found that nursing assessments were not comprehensively completed. Not all risk assessments (such as MUST and SSKIN) were regularly reviewed and there were gaps in recording of pressure relief maintenance. There was no evidence of staff regularly observing patients' skin condition.

Despite extensive searching of available records and discussions with various staff members, inspectors were unable to ascertain a complete/rounded picture of the clinical presentation and treatment course for two complex patients in receipt of care in one of the wards inspected.

Considerable improvement is required to the documentation of nursing care in this ward in order to support the delivery of safe effective care to patients.

Whilst pain relief was administered in a timely way, there was little evidence of the effectiveness of pain relief being reassessed in some wards inspected.

Alternative pain assessment tools were not always used for those patients unable to verbalise their pain (in the context of challenges associated with verbal questioning to assess pain for patients with cognitive impairment).

Actions for Improvement

RQIA recommends the following to improve the effectiveness of care within the hospital:

- 24. All nursing staff should ensure documentation used to assess, plan and monitor care is fully completed to evidence care delivered to the patient. This includes: fluid balance, food and stool charts; risk assessments and care planning. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure completion of nursing documentation.**
- 25. All medical staff should ensure medical entries in patient notes are in line with GMC requirements: author identification; (GMC) number; legible and reflect delivery of patient treatment. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure adherence to GMC requirements and patient treatment.**
- 26. Trust Management Team with site responsibility for Causeway should identify and progress key learning arising from the 'Mealtime Matters' prototype in Antrim Area Hospital. Trust Management Team with site responsibility for Causeway should ensure there is appropriate scale and spread improvement systems in place to implement and assure key learning in Causeway Hospital.**

- 27. Ward sisters should ensure meal service is co-ordinated and overseen by nursing staff. This includes: ordering and recording specialised diets; preparing, encouraging and supervising patients; recording oral intake. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure oversight and management of meal service.**
- 28. Trust Management Team with site responsibility for Causeway should review the model for delivery of meal service to ensure multidisciplinary working, cohesive meal service delivery and positive patient experience.**
- 29. Ward nursing staff should review and document the effectiveness of pain relief following administration. Alternate pain assessment tools should be used to assess patients unable to verbalise their pain. Ward and Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure patients are not in pain.**

8.0 Is Care Compassionate?

Areas of Good Practice

In all areas inspected, we observed staff at all levels who treated patients with kindness and respect whilst delivering care and treatment in a compassionate and committed manner.

Inspectors noted many examples of excellent interaction between staff and patients in the Acute Elderly Care, Stroke and Rehabilitation Ward including one instance where a Speech and Language Therapist was observed assisting a patient with a meal and then relaying important information to the patient's designated nurse.

In Medical Ward Two inspectors observed staff caring respectfully and with compassion for patients with palliative care needs. All areas inspected were able to access specialist palliative care advice from the hospital's palliative care team.

In the Acute Elderly Care, Stroke and Rehabilitation Ward and Medical Ward One, intentional intentional/comfort rounds were carried out as part of the SSKIN care bundle, implemented to prevent and treat pressure ulcers. We would recommend that this practice is extended to include patients not at risk of pressure damage to ensure that patients are not overlooked and have regular social interaction.

Medical Ward Two had introduced the butterfly scheme for patients with dementia and delirium. A number of staff on the ward had received additional training to become dementia champions.

Throughout our inspection we noted staff working to maintain the dignity and privacy of patients in all clinical areas we visited.

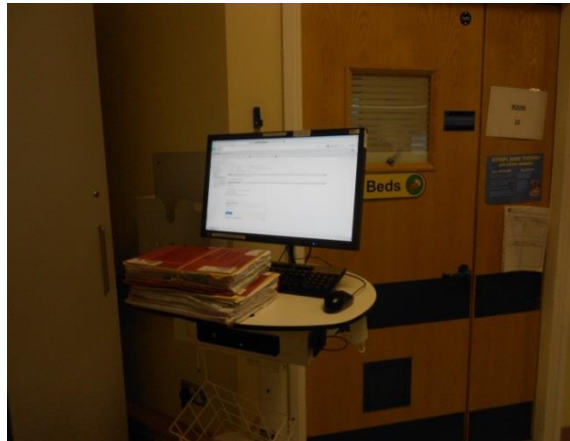
Patients told us that staff were kind and compassionate and delivered good care.

Areas for Improvement

On Medical Ward One we observed and were told of a lack of effective communication between medical and nursing staff during and following ward rounds. Good communication is necessary to ensure the safe effective delivery of patient care. One patient told us that they thought that nurses and doctors did not always share information and decisions about their care seemed to take a long time to implement.

Inspectors found only limited evidence of effective communication with patients and relatives, to demonstrate their involvement in informing and planning the delivery of care in this ward. One patient on Medical Ward One told us they had to ask for sight of their own care plan.

In the Acute Elderly Care, Stroke and Rehabilitation Ward inspectors observed that whilst staff always addressed patients by name, individual staff members did not always clearly introduce themselves. Patients told our lay assessors that they did not always know staff names; however they did know staff by sight.



Picture 4: Portable computer – accessible information

Inspectors identified some instances in which patient confidentiality could have potentially been compromised. On Medical Ward One a screen on the portable computer trolley (used by medical staff to access patient information) was continually open, meaning that confidential and sensitive patient information could be easily read by passers-by. In the ED computer monitors were not optimally placed to avoid unnecessary viewing. In these areas we also noted that occasionally conversations with or about patients were at a volume which was easily overheard.

In the ED, call bells were not always placed within reach of patients. Communication aids for patients who had difficulty speaking were not readily available.

Not all staff wore visible name badges and lanyards were difficult for some patients to read. One patient told inspectors that they did not always know if/when they were speaking to medical staff as distinct from nursing staff.

The design and physical layout of the ED did not lend itself to delivering compassionate care. There are insufficient sanitary facilities for patients. Inspectors were told that the single quiet room available for families and carers had been designated as a multi-purpose room.

The room is sometimes used to assess patients with mental health symptoms; however the room does not comply with the relevant environmental standards published by the Royal College of Emergency Medicine – Mental Health in Emergency Departments (2017)⁴.

Actions for Improvement

RQIA recommends the following to improve the compassion in care delivered within the hospital:

- 30. All staff should clearly introduce themselves to patients in line with the “Hello my name is...” campaign endorse by the Trust; all staff should wear name badges with clear legible information.**
- 31. Trust Management Team with site responsibility for Causeway should work collaboratively with medical and nursing staff to ensure effective multidisciplinary communication to support the delivery of patient care.**
- 32. All staff delivering care should ensure comprehensive document of communication with patients/relatives in relation to care. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure documentation of communication with patients/relatives.**
- 33. In order to maintain privacy and confidentiality of patients at all times, computer screens should be closed or locked when not in use and conversations about patients’ care should be undertaken discreetly if occurring in general areas.**

⁴ <https://www.rcem.ac.uk/docs/RCEM%20Guidance/Mental%20Health%20Toolkit%202017.pdf>

- 34. Staff in ED should ensure that call bells are placed within easy reach of patients. The ED should offer communication aids to improve patient-provider communication.**
- 35. Trust Management Team with site responsibility for Causeway should ensure the room in ED used by the Trust's Mental Health Liaison Team, for patient mental health assessment, complies with environmental standards published by the Royal College of Emergency Medicine (2017).**



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